



Farmers Market Vendor Registration Form 2012

Vendor Information: Please print clearly!

Business Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Cell Phone #: _____ Company Website: _____
 Social Security #: _____ Sales Tax #: _____

Unit Size Request: _____ (# of Spaces) Electric: No Yes # _____ amps

Registration Type: Full Season Daily

Producer Classification: Certified Organic # _____
 Chemical Free Conventional

Certification Information: I am certified thru _____ (Date) Cert #: _____

Program Participation: WIC/Senior (Must participate for 11 consecutive weeks to quality)
 EBT

Sales: Check all that apply in every category!!!!!!

Produce/Vegetable Sales:

- | | | | | |
|---------------------------------------|---|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Beans | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Cabbage |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Celery | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Eggplant |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Leeks | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Onions | <input type="checkbox"/> Peppers | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Pumpkins | <input type="checkbox"/> Radishes |
| <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Spinach | <input type="checkbox"/> Squash | |
| <input type="checkbox"/> Sweet Corn | <input type="checkbox"/> Sweet Potatoes | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Turnips | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Other: _____ | | | | |

Fruit Sales:

- | | | | |
|---------------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Apricots | <input type="checkbox"/> Aronia Berries | <input type="checkbox"/> Blueberries |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Cherries | <input type="checkbox"/> Grapes | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Pears | <input type="checkbox"/> Plums | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Watermelons | | | |
| <input type="checkbox"/> Other: _____ | | | |

Herb Sales:

- | | | | |
|---------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Dill | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Oregano | <input type="checkbox"/> Basil |
| <input type="checkbox"/> Thyme | <input type="checkbox"/> Rosemary | <input type="checkbox"/> Chives | <input type="checkbox"/> Parsley |
| <input type="checkbox"/> Other: _____ | | | |



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Licensed Meat Sales: (Must be from a certified State or Federal Facility & Health Dept Permit)

- Beef Poultry Lamb Pork
 Other: _____

Licensed Dairy Sales: (Must be from a certified State or Federal Facility)

- Milk Cheese Butter Cream
 Other: _____

Egg Sales: (Health Dept Regulated)

- Chicken Duck Goose
 Other: _____

Licensed Food Sales: (Must be from a certified cannery and/or health inspected)

- Processed/canned foods (except jam & jellies)
Name all: _____

- Foods prepared for immediate consumption
Name all: _____

- Hazardous baked goods
Name all: _____

Licensed Beverage Sales: (Must be from a licensed bottler)

- Wine Soda/Pop Water
 Other: _____

Non Licensed Baked Goods Sales:

- Pies Cookies Bars Coffee Cakes Cobblers Bread
 Pastries Rolls Buns
 Other: _____

Other Sales:

- Jams & Jellies

- Plants - fresh flowers
Name all: _____

- Crafts/art
Name all: _____

- Food related commercial items
Name all: _____

- Other:
Name all: _____



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Non-Vendor Exhibitor:

What are you exhibiting? _____

Sales Information:

First Day you will be selling: _____ (xx/xx/2012)

Last day you will be selling: _____ (xx/xx/2012)

Wed & Sat Easy Dates: I will be there every Wed &/or Saturday during dates listed above. Hours are 8AM-1PM Or Please **Give Specific Dates You Will Be Attending:**

- May:** Wed 5/9 Sat 5/12 Wed 5/16 Sat 5/19 Wed 5/23
 Sat 5/26 Wed 5/30
- June:** Sat 6/2 Wed 6/6 Sat 6/9 Wed 6/13 Sat 6/16
 Wed 6/20 Sat 6/23 Wed 6/27 Sat 6/30
- July:** **Wed 7/4** Sat 7/7 Wed 7/11 Sat 7/14 Wed 7/18
 Sat 7/21 Wed 7/25 Sat 7/28
- Aug:** Wed 8/1 Sat 8/4 Wed 8/8 Sat 8/11 Wed 8/15
 Sat 8/18 Wed 8/22 Sat 8/25 Wed 8/29
- Sept:** **Sat 9/1** Wed 9/5 Sat 9/8 Wed 9/12 Sat 9/15
 Wed 9/19 Sat 9/22 Wed 9/26 Sat 9/29
- Oct:** Wed 10/3 Sat 10/6 Wed 10/10 Sat 10/13
 Wed 10/17 Sat 10/20 Wed 10/24 Sat 10/27
 Wed 10/31

Monday Market Dates:

Monday Easy Dates: I will attend all Monday markets(Hours are 3PM-7PM)

- July:** 7/16 7/23 7/30
- Aug:** 8/6 8/13 8/20 8/27
- Sept:** **9/3** 9/10 9/17 9/24

Please note days in Bold. They are holiday weekends!

Please Return This Form To:

**Buy Fresh Buy Local – Siouxland, Inc.
505 Fifth Street, Suite 200
Sioux City, IA 51101**

If you have any questions, please e-mail or call Dee @ 605-422-1816 or 712-253-9503 . E-mail: dpolak@longlines.com or siouxcityfarmersmarket@gmail.com